

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/04/2026	
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
M0000	Initial Comments On 6/01/26 through 6/04/26 the State Agency (SA) conducted seven (7) Compliant Investigations (CI MS #3031377, CI MS #3016147, CI MS #2997156, CI MS #2991628, CI MS #2974630, CI MS #2972270, and CI MS #2970187. CI MS #3016147 was investigated related to resident neglect. CI MS #2997156 was investigated related to resident abuse. CI MS #2991628 was investigated related to misappropriation of resident property (medication). CI MS #2974630 was investigated related to quality of care and neglect. CI MS #2972270 was investigated related to quality of care and neglect. CI MS #2970187 was investigated related to resident neglect. CI MS #3031377 was investigated related to Resident Abuse. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and M500 was cited associated with CI MS #3031377.	M0000					
M0500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as	M0500					

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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M0500	<p>Continued from page 1</p> <p>documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;</p> <p>4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;</p> <p>5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;</p> <p>6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;</p> <p>7. is free from mental and physical abuse;</p> <p>8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the</p>			M0500			

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M0500	<p>Continued from page 2 use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;</p> <p>9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;</p> <p>10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;</p> <p>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;</p> <p>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);</p> <p>13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);</p> <p>14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);</p> <p>15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and</p>	M0500					

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M0500	<p>Continued from page 3</p> <p>16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, facility policy review and interviews, the facility failed to ensure that a resident was protected from physical abuse when the Resident Representative (RR) struck the resident in the face. for one (1) of seven (7) sampled residents. Resident #2</p> <p>Findings Included:</p> <p>Record review of the facility policy "Abuse, Neglect and Exploitation" with a revision date 5/25/24, revealed "...Mistreatment means inappropriate treatment or exploitation of a resident...Physical Abuse includes, but is not limited to hitting, slapping...It also includes controlling behavior through corporal punishment...The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, misappropriation of resident property, and exploitation that achieves...III. Prevention of Abuse... E. Ensuring the health and safety of each resident with regard to visitors such as family members or resident representatives..."</p> <p>Record review of the Facility Investigation dated 6/02/26 revealed that on 6/2/26 at approximately 8:30 AM, Certified Nursing Assistant (CNA)# 1 and the RR for Resident #2 was assisting Resident #2 with changing his shirt as he sat in his recliner. Resident #2 became agitated and struck out at CNA #1 and his RR. Resident #2's RR slapped the resident's face two times and told him to stop. CNA #1 went to the nurse and reported the incident, and the RR had left the facility. Resident #2 was assessed by the nurse and Nurse Practitioner (NP)#1 with no injuries noted.</p> <p>On 6/02/26 at 10:30 AM during an interview, the Administrator reported that on 6/2/26 at approximately 8:30 AM, CNA #1 and the RR were assisting Resident #2 to change his shirt. Resident #2 became agitated and began striking out at CNA #1 and the RR. The RR struck Resident #2 on his face twice and told him to "Stop it". He stated that he had reported the incident to the local police</p>		M0500				

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M0500	<p>Continued from page 4 department, the State Agency (SA) and the State Attorney General's Office.</p> <p>On 6/02/26 at 11:55 AM, during an interview CNA #1 reported that on 6/02/26 at approximately 8:30 AM Resident #1 was seated in a recliner in his room and his RR visited and said that she wanted to help him with his breakfast in the common dining area. CNA #1 stated that she and the RR were trying to assist the resident with dressing (to change his shirt) and he began to strike out at both. She said that she was shocked when the RR struck Resident #2 twice on the face and sternly told him to "Stop it". She stated that the resident's behavior changed immediately.</p> <p>On 6/02/26 at 12:30 PM, during an interview, Licensed Practical Nurse (LPN) #1 stated that during breakfast she was assisting/supervising residents in the dining room with breakfast when CNA #1 reported to her that a RR had struck Resident #2 twice while assisting him with dressing. She stated that she immediately assessed Resident #2 who was in the dining room for breakfast and noted no injury then reported the incident to the Director of Nurses (DON) and Administrator.</p> <p>On 6/04/26 at 11:20 AM, during an interview the DON stated that after she had spoken with LPN #1 and CNA #1, she felt Resident #2's RR had struck the resident to control his behavior through corporal measures.</p> <p>On 6/04/26 at 3:00 PM, an interview with the Administrator revealed the facility had completed the investigation into the visitor (RR) on resident abuse allegation that was reported on 6/02/26 and involved Resident #2 and had submitted final report to the SA.</p> <p>On 6/04/26 at 3:04 PM, during a telephone interview the RR for Resident #2 confirmed that her hand contacted the face of Resident #2 at approximately 8:30 AM on 6/02/26 after he became combative toward her and CNA #1 while they were trying to assist him with dressing. She confirmed that she told him to "Stop it" and said that afterward he stopped striking out at them and allowed them to assist him to change his shirt. She said she did it to get his attention to get him to stop being combative and cooperate.</p> <p>Record review of the "Face Sheet" for Resident #2 revealed the resident was admitted to the facility on 6/03/25 with diagnoses that included Alzheimer's disease, metabolic encephalopathy and anxiety.</p>			M0500			

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M0500	<p>Continued from page 5</p> <p>Record review of the discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/07/26 revealed Resident #2 had a memory problem and moderately impaired cognitive skills for daily decision making and that he required substantial/maximal assistance for upper body dressing.</p>			M0500			